



# Breathing Matters



A BIENNIAL NEWSLETTER FROM THE RESPIRATORY CARE BOARD

FALL 2006



## *Workforce Study Deadline Extended - Survey Responses Requested!*

The deadline to return the respiratory care workforce surveys has been extended to September 8th and we need your help.

The Respiratory Care Board has contracted the services of the Institute for Social Research (at the California State University, Sacramento) to conduct a Workforce Study to help plan for the future of California's respiratory care profession. The Study will document the current state of the respiratory care profession based largely upon the survey, which asks questions specific to tasks performed, work settings, workloads, stacking therapies, and reasons for job satisfaction and dissatisfaction. Ultimately, the results of this survey will be used as a basis to improve patient safety, which may include addressing RCP shortages, future education and certification requirements, and any dangerous trends in patient care or lack of patient care that are taking place.

The surveys were mailed to approximately 3,000 licensed respiratory care practitioners (RCPs) who were selected among 16,000+ active licensees to represent the profession in California. The licensees selected to participate represent new and experienced therapists in rural and urban communities. Within this criteria, the licensees were randomly selected.

If you received a survey, the Board respectfully requests your assistance with this important research and urges you to complete and return the survey by September 8th. The Workforce Study is highly dependent upon the information received through these surveys, which in turn will shape the future of the profession. If you know someone who received the survey, please urge her or him to respond. This is your chance to make a difference for your profession!

The Board would also like to thank those licensed therapists who participated in a panel last May to assist the Institute for Social Research in developing this survey.

## *California Emergency Response Planning*

In response to the heightened concern of an influenza pandemic, the Federal Government is stressing the importance of preparedness by state and local governments, individuals, communities and the private sector. Emergency preparedness, including preparing for pandemic influenza, is one of the highest priorities for Governor Schwarzenegger. While the Governor recognizes that everyone, including individuals, communities, and private industries, has a responsibility for preparedness, the government must play a key role in actively preparing for the threat of pandemic influenza. The Department of Health Services, the Emergency Medical Services Authority, and the Department of Consumer Affairs are working together to ensure California is prepared to respond to emergencies and disasters.

### Department of Health Services (DHS)

Specific to preparing for an influenza pandemic, the DHS drafted a revision to its Pandemic Influenza Preparedness and Response Plan (Plan) which focuses on detection,

*... continued on page 6*

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DEPARTMENT OF CONSUMER AFFAIRS | [www.dca.ca.gov](http://www.dca.ca.gov)



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## *Respiratory Care Board of California*

*Larry L. Renner, BS, RRT,  
RPFT, RCP  
President*

*Gopal D. Chaturvedi  
Member*

*Sandra Magaña, MA  
Member*

*Murray Olson, RCP, RRT  
Member*

*Richard L. Sheldon, MD  
Member*

*Charles B. Spearman,  
MSEd, RCP, RRT  
Member*

*Barbara M. Stenson, RCP,  
RRT  
Member*

*Scott J. Svonkin  
Member*

*Stephanie Nunez  
Executive Officer*

## *President's Message*

In July, approximately 3,000 randomly selected licensed practitioners received a letter from me inviting them to participate in a workforce study being conducted by the Institute for Social Research (California State University, Sacramento). The study will document the current state of the respiratory care profession in California. The importance of this study cannot be understated. Your thoughts and comments will have an impact on the profession from both a practice act and legislative perspective. It will be the vehicle the Board will use to determine its future strategic plan and priorities. To assist those selected in getting the information back on time, we have planned some helpful e-mail reminders. We also hope to be able to provide updates on the progress of the survey through the Board's website. If you have been selected to participate, please place it at the top of your "TO DO" list. If you were not selected, talk it up with your co-workers and offer them a gentle reminder to complete the survey. As soon as we have your input and results, we will be sharing them with you. Thank you for your time and effort to get this project completed.

The Board continues to work with the Department of Health Services (DHS) and their disaster preparedness plan efforts. This effort has resulted in RCP Members of the Board and the Executive Officer participating in roundtable meetings and discussions. These events discuss the role RCPs would play in the event of a disaster, and also focus on ensuring the appropriate equipment availability to support the preparedness plan. Equipment such as ventilators, intubation equipment, and monitoring equipment have been part of these discussions. Because of these efforts, DHS has requested the Board's assistance with ventilator and respiratory equipment purchasing for the plan. The cooperative effort we have seen between government offices has been tremendous and beneficial. It is clear to see that these efforts would position California to effectively respond to any disaster.

As we move closer towards the Fall, please mark your calendar with the next Board meeting. It is scheduled for Friday, November 17th. I hope to see you there.



Larry L. Renner, BS, RRT, RPFT, RCP  
President

## *Respiratory Care Board Mandate*

*The Respiratory Care Board of California's mandate is to protect the public from the unauthorized and unqualified practice of respiratory care and from unprofessional conduct by persons licensed to practice respiratory care. Protection of the public shall be the highest priority for the Respiratory Care Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.*



## Board Welcomes New Members!

### *Sandra Magaña, MA*

The Board welcomed new member Sandra Magaña at its June 9 meeting in Sacramento. Ms. Magaña was appointed to the Board in May as a public member, by the Senate Rules Committee.

Ms. Magaña earned her Baccalaureate Degree in Communications from UC Berkeley, and a Masters of Arts Degree in Communications Management from the University of Southern California. She is currently the Government Affairs Manager for Charter Communications. Ms. Magaña is active in a variety of professional organizations and societies including Women in Cable and Telecommunications, Hispanas Organized for Political Equality, and the UC Berkeley Scholarship Fundraising Committee.

Ms. Magaña has lived with asthma for most of her life and was drawn to serving on the RCB in response to her experience with this condition. She is honored to have been selected to serve on the Board and looks forward to addressing the variety of respiratory care issues from the patient's perspective.

Ms. Magaña's term is effective until June 1, 2009.



Sandra Magaña, MA  
Member



Charles B. Spearman, MSED,  
RCP, RRT

### *Charles B. Spearman, MSED, RCP, RRT*

Our newest member, Charles B. Spearman, MSED, RCP, RRT, joined the Board in June. With nearly 40 years of respiratory care experience, Mr. Spearman was appointed by the Senate Rules Committee to fill the respiratory care practitioner and educator vacancy.

Mr. Spearman earned his Baccalaureate Degree in Respiratory Therapy from Loma Linda University, and his Masters of Science Degree in Education from the University of Southern California. He is currently an Assistant Professor for the Respiratory Care Programs, School of Allied Health Professions, at Loma Linda University. Mr. Spearman is also active in a number of professional organizations including the American Association for Respiratory Care (AARC) and the California Society for Respiratory Care.

Mr. Spearman has developed and authored numerous respiratory related video presentations and publications and, as acknowledgment of his extensive expertise, has been asked to present on a myriad of specialized respiratory care topics. Throughout his impressive career, Mr. Spearman has been the recipient of a number of prestigious scholarships and awards, including his bestowment as a Fellow by the AARC.

Mr. Spearman's term is effective until June 1, 2010.

### We Want to Hear from You

If you have issues, concerns, or ideas you think would better serve the consumers of California or the respiratory care profession, we want to hear from you. E-mails can be addressed to [rcbinfo@dca.ca.gov](mailto:rcbinfo@dca.ca.gov).





## *Board Recognizes Lisa Pickett, RCP*

The Board was honored to recognize Lisa Pickett, RCP, for her significant contributions and dedication toward the practice of respiratory care at its June 9th meeting in Sacramento. Larry Renner, President, presented Ms. Pickett with a plaque on behalf of the entire Board, honoring her recognition.

Ms. Pickett is a Technical Sergeant in the United States Air Force (USAF). She is currently stationed at Travis Air Force Base in Fairfield, California, where she has been involved with the Cardiopulmonary/Respiratory Program for the past four years. During this time, Ms. Pickett has worked in the capacity of a respiratory therapy program instructor, and, more recently, was assigned as the Assistant Manager of the Respiratory Department at David Grant Medical Center, where students complete their clinical instruction. In both capacities, Ms. Pickett has gone above and beyond to expand and promote the respiratory profession.



President Renner and Lisa Pickett, RCP

Ms. Pickett has launched a stellar curriculum into the 21st century by developing an interactive electronic classroom designed to challenge students with critical thinking and problem solving prior to engaging in direct patient care. Ms. Pickett also upgraded clinical training with the creation of respiratory/pulmonary application workbooks, computer-based training, and audiovisual support of lesson plans. The computer-based training has been praised by students and has been sought after by local instructors, as it has created an extremely positive classroom learning environment, has increased student comprehension, and has resolved previous training program critiques.

Additionally, Ms. Pickett composed a self-assessment program, an extensive student workbook to provide significant advancements to existing didactic lessons, and authored a comprehensive quick reference handbook on ventilator management for students, that compressed complex theory and practice into understandable text, enhancing student performance at point-of-care.

Ms. Pickett has participated in the development of a ventilator management protocol for USAF headquarters, and directed the risk management program, setting standards now used throughout the Department of Defense. She also authored a comprehensive fiber optic bronchoscopy pre-procedure checklist, establishing consistent profession staff performance standards.

Ms. Pickett has organized an exceptional cardiopulmonary presentation for over 500 area high school students, who were fascinated by the hands-on equipment approach and simulations provided during the demonstration. Without question, her relentless actions represent the values of service, dignity, responsibility, teamwork, trust, and accountability to her patients, colleagues, and the profession.

## *License Verification Available Online!*

You can verify licensure status online via the Board's Web site at [www.rcb.ca.gov](http://www.rcb.ca.gov).

The online license verification system is available 24 hours a day, 7 days a week.

Records are updated daily (M-F).



## Update on Outreach Efforts

As previously reported, the Board has embarked on a consumer education and public outreach campaign to prevent and increase public awareness of unlicensed and/or unqualified personnel performing respiratory care, and to promote the respiratory care profession to increase the number of active licensees commensurate with the health care needs of California consumers.

As part of its continued efforts, the Board participated in 31 outreach events during the past fiscal year. These statewide events included various American Lung Association Asthma Walks, Senior Expos, and Health and Safety Fairs, and while the types of event sometimes differed, the focus remained the same—educating consumers about 1) the Board and its consumer protection purpose; 2) recognizing the existence of “Respiratory Care Practitioners” or “Respiratory Therapists” and their role in the health care setting; and 3) addressing the unlicensed practice of respiratory care.

The Board has also published several consumer education pamphlets and has distributed them at each event, along with various promotional items aimed at reminding consumers what they’ve learned about the Board and respiratory profession.

The Board remains committed to ensuring optimal consumer protection by assuring respiratory consumers know the importance of receiving care from a competent and qualified practitioner, and will continue attending outreach events. In fact, the Board is looking forward to exhibiting at the 2006 California State Fair, where information can be disseminated to a wide consumer base.

For more information regarding the Board’s outreach efforts, please visit our Web site at [www.rcb.ca.gov](http://www.rcb.ca.gov), and click on the link entitled “Publications, Media and Outreach.”



## Respiratory Care in California DVD Available!

The Respiratory Care Board is pleased to have available its outreach DVD entitled *Respiratory Care in California*. The DVD was developed by the Board, and includes a wealth of detailed information, including historical facts, employment outlook, and the licensing process.

If someone you know is interested in the profession and would like a copy of the DVD, please ask them to contact the Board toll free at (866) 375-0386 or send an e-mail to [rcbinfo@dca.ca.gov](mailto:rcbinfo@dca.ca.gov).

## Satisfaction Survey

Your opinion is valuable to our ongoing commitment to customer service. If you have the opportunity, we would appreciate you taking a moment to log on to our Web site to complete a brief satisfaction survey. Thank you, in advance, for your input.

## Upcoming Outreach Events

2006 California State Fair  
August 11 - September 4, 2006  
Cal Expo Fairgrounds, Sacramento  
[www.bigfun.org](http://www.bigfun.org)

American Lung Association Respiratory Rally  
September 9, 2006  
Napa  
[www.californialung.org](http://www.californialung.org)

San Francisco Asthma Walk  
September 30, 2006  
Golden Gate Park, San Francisco  
[www.AsthmaWalk.org](http://www.AsthmaWalk.org)

American Lung Association Respiratory Rally  
October 14, 2006  
Concord  
[www.californialung.org](http://www.californialung.org)

Barlow 4th Annual Respiratory Health Fair  
October 21, 2006  
Barlow Respiratory Hospital, Los Angeles  
[www.barlow2000.org](http://www.barlow2000.org)



## *California Emergency Response Planning* (continued from page 1)

response and recovery. The draft Plan describes the State's public health and medical response, and is consistent with the Pandemic Influenza Plan released by the U.S. Department of Health and Human Services in November 2005. DHS will continue to work on the Plan to develop operational details for many of the actions, working with other government agencies and private entities to delineate their roles in pandemic response. The DHS invited interested parties to review and comment on the draft Plan. In response, the Board submitted the following letter to DHS:

"The Respiratory Care Board (RCB) of California applauds your efforts outlined in the January 2006 draft Pandemic Influenza Preparedness and Response Plan. It is our belief that Respiratory Care Practitioners (RCPs), a.k.a. Respiratory Therapists, will be intricately involved in all six phases of the WHO pandemic plan.

The State of California has over 16,000-licensed RCPs, working in all manners of healthcare settings from emergency departments to home health care. Under the direction of physicians, these individuals function as the experts in managing all forms of respiratory disease from common allergies to the operation of critical life support equipment.

RCPs are the healthcare professionals who have the specialty training to completely manage mechanical ventilators. Every day in California, at virtually every medical center, RCPs are the people who choose the correct ventilator to manage a given respiratory disease. They are responsible for cleaning, disinfecting, operating, interfacing with patients and weaning the patient from mechanical ventilation, as well as management of the post-ventilator patient.

RCPs are often the people who place artificial airways for life support and are responsible for safely removing the artificial airway at the correct time. Intervention by an RCP can often avoid the necessity for an artificial airway and mechanical ventilation, a critical function currently provided in all healthcare settings.

RCPs are vital to the safe functioning of the healthcare system on any given day. They are vital in any time of crisis. All of the services provided by an RCP will be absolutely critical when healthcare resources are severely stressed by a pandemic.

In an effort to ensure RCP participation in all phases of pandemic response, the RCB believes it is important to include RCPs in the CDHS Pandemic Influenza Preparedness and Response Plan. Specific to the January 2006 draft, RCPs should be included in the list of healthcare professionals in Appendix 3 on page 5. This is a necessary inclusion to assure legal review of current scope of practice and to determine the viability of expanding scope of practice during an influenza pandemic. Among other reasons, RCPs need to be included on this list to ensure that local medical surge plans developed under HRSA funding include surge strategies to meet staffing needs.

The goal of the CDHS Pandemic Influenza Preparedness and Response Plan is to maintain, to the greatest extent possible, the provision of healthcare services that are sufficient to meet the needs of all Californians during an influenza pandemic. The Respiratory Care Board stands ready to provide experts to aid in the realization of this important goal and would welcome the opportunity to participate in this endeavor."

On July 19th, the DHS responded to the Board, noting that "it recognizes the role and importance of the respiratory care practitioner ...." DHS also noted that "As we plan for medical surge capacity and capability for pandemic influenza, bioterrorism and other disasters, respiratory care and ventilatory management are important issues that must be well managed and addressed. The participation of the Respiratory Care Board of California in this planning would be invaluable." In addition to including respiratory care practitioners in planning stages, the DHS also accepted the Board's suggested edits to the Pandemic Influenza Preparedness and Response Plan.



## Emergency Medical Services Authority (EMSA)

The EMSA will play a significant role in responding to emergencies (e.g., pandemic flu influenza), disasters and terrorist incidents in California and throughout the nation. The EMSA is charged with developing the state-based "Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)." The ESAR-VHP is funded by a Federal bioterrorism grant that was awarded to the DHS to develop a system for pre-registering and pre-credentialing health care volunteers as one way to help address the need for increased personnel (surge personnel) in a disaster or terrorist event. The ESAR-VHP will operate in coordination with County Operational Areas, to recruit, register, credential, track, identify, deploy, and maintain currently licensed volunteer healthcare professionals.

Immediately after the attacks on September 11, 2001, tens of thousands of people spontaneously showed up at ground zero in New York City to volunteer their assistance. A large number of these volunteers arrived to provide medical assistance to the victims of the attacks. In most cases, authorities were unable to distinguish those that were qualified from those that were not qualified, though well intentioned. Additionally, because the response was unsolicited and there were no mechanisms of coordination, those that presented themselves reduced the effectiveness of the overall response effort rather than helping. Similar difficulties have occurred when the nation has had to respond to hurricanes, earthquakes, and other mass casualty events. The goal of the ESAR-VHP is to eliminate a number of the significant problems encountered when seeking to utilize medical and healthcare volunteers in a complex emergency response situation.

Recently, the EMSA established a website for the ESAR-VHP. The medical and healthcare volunteer system is a secure, confidential, site where health care practitioners can register with the State of California to volunteer their services for emergencies and disasters. The EMSA launched the pilot phase of the registry in February 2006, initially allowing doctors, registered nurses, pharmacists, and paramedics to register. At the time of this publication, the pilot phase was scheduled to end on August 31 and plans for respiratory therapists (and possibly others) to begin registering were being made. The EMSA will begin reg-

istering respiratory therapists this fall, and will announce the specific date as soon as it is available. In July, Board staff reviewed a demonstration of the sign-up process. It is a simple process, taking approximately 15 minutes, provided you come prepared with your immunization records. The system will ask you various questions regarding your availability and will allow you to save and edit your profile at your request. For more information you may visit the registration website at [www.medicalvolunteer.ca.gov](http://www.medicalvolunteer.ca.gov). Following registration, the licenses and credentials of those practitioners who register will be validated before an emergency, so that they can be deployed quickly and efficiently during a state or national disaster (i.e., an earthquake, severe weather event, or public emergency).

## Department of Consumer Affairs (DCA)

The DCA is working with both the DHS and the EMSA as it relates to licensed professionals. The DCA is providing access to its license verification system by the EMSA so that its medical volunteer registration database can periodically verify licensure status. The DCA is also providing guidance to ensure licensed professionals and possibly other resources (e.g., students, retirees) are available to respond (and at what level) to an emergency or disaster.

To receive updates on emergency and disaster planning, including a notice that respiratory therapists are eligible to register as volunteers, as well as other important matters, please join the Board's E-mail List by visiting [www.rcb.ca.gov](http://www.rcb.ca.gov) (click on the icon "Join Our Mailing List!" located on lower right side of the homepage).

## *E-mail Update Feature*

The Board recently established an e-mail service to provide updates including meeting agendas, advisory notices, and special bulletins. Anyone can subscribe to this free service by visiting the Board's Web site and clicking on the link entitled "Join our Mailing List." Sign up today to begin receiving updates from the Board!





## NATIONAL RESPIRATORY CARE WEEK

October 22 - 28, 2006

Respiratory Care Week is that time of year when we honor and celebrate the contributions of respiratory therapy to lung health. It is a week-long event to demonstrate pride in the profession and in the individual accomplishments of respiratory therapists throughout the world. It is also an excellent opportunity to showcase the role of respiratory therapists in the nation's health care system, educate others, recruit new students into the rapidly growing profession, and to promote lung health awareness in the community. It is also an excellent opportunity for the Board to thank each licensee for his or her daily contributions toward lung health!

*Lung Health Day  
October 25, 2006*

### *Policy on Non-discrimination on the Basis of Disability and Equal Employment Opportunity Statement*

The Respiratory Care Board of California does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities. The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the non-discrimination requirements of Title II of the Americans with Disabilities Act (ADA). Information concerning the provisions of the ADA, and the rights provided thereunder, are available from the ADA Coordinator.

## *Disaster Recovery Website Directory*

[www.medicalvolunteer.ca.gov](http://www.medicalvolunteer.ca.gov)

The site where health care practitioners can register with the State of California for volunteer emergency/disaster services. Managed by California's Emergency Medical Services Authority.

[www.emsa.ca.gov](http://www.emsa.ca.gov)

California's Emergency Medical Services Authority - General Information.

[www.rcb.ca.gov](http://www.rcb.ca.gov)

Join the Respiratory Care Board of California's mailing list. Icon located on the lower right side of home page.

[www.chhs.ca.gov](http://www.chhs.ca.gov)

California Health and Human Services Agency. The umbrella agency overseeing the Department of Health Services and the Emergency Medical Services Authority.

[www.oes.ca.gov](http://www.oes.ca.gov)

California Office of Emergency Services. Coordinates overall state agency response to major disasters in support of local government.

[www.cdc.gov](http://www.cdc.gov)

Centers for Disease Control and Prevention. A component of the Federal Department of Health and Human Services.

[www.pandemicflu.gov](http://www.pandemicflu.gov)

One-stop access to U.S. Government avian and pandemic flu information. Managed by the Department of Health and Human Services.

[www.who.int/en](http://www.who.int/en)

World Health Organization website.





## *Centers for Disease Control and Prevention Disaster Recovery Sheet*

### **Clean Hands Save Lives: Emergency Situations**

After an emergency, finding running water can be difficult. However, keeping your hands clean helps you avoid getting sick. It is best to wash your hands with soap and water for 20 seconds. When water is not available, you can use alcohol-based hand products made for washing hands (sanitizers).

#### **When should you wash your hands?**

- Before preparing or eating food
- After going to the bathroom
- After changing diapers or cleaning up a child who has gone to the bathroom
- Before and after caring for someone who is sick
- After handling uncooked foods, particularly raw meat, poultry, or fish
- After blowing your nose, coughing, or sneezing
- After handling an animal or animal waste
- After handling garbage
- Before and after treating a cut or wound

#### **Using alcohol-based hand sanitizers**

When your hands are visibly dirty, you should wash them with soap and water when available. However, if soap and water are not available, use alcohol-based hand sanitizers.

- Apply product to the palm of one hand.
- Rub hands together.
- Rub the product over all surfaces of hands and fingers until your hands are dry.

*Note: The volume needed to reduce the number of germs on hands varies by product.*

#### **Washing with soap and water**

1. Place your hands together under water (warm water if possible).
2. Rub your hands together for at least 15-20 seconds (with soap if possible). Wash all surfaces well, including wrists, palms, backs of hands, fingers, and under the fingernails.
3. Clean the dirt from under your fingernails.
4. Rinse the soap from your hands.
5. Dry your hands completely with a clean towel if possible (this helps remove the germs). However, if towels are not available it is okay to air dry your hands.
6. Pat your skin rather than rubbing to avoid chapping and cracking.
7. If you use a disposable towel, throw it in the trash.

*Remember: If soap and water are not available, use an alcohol-based hand sanitizer.*

For more information, visit [www.bt.cdc.gov/disasters](http://www.bt.cdc.gov/disasters),  
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).



## *Notice on Collection of Personal Information*

The Respiratory Care Board of California of the Department of Consumer Affairs collects personal information requested on many of its forms as authorized by Sections 30 and 3730 of the Business and Professions Code. The Board uses this information principally to 1) identify and evaluate applicants for licensure, 2) issue and renew licenses, 3) enforce licensing standards set by law and regulation, and 4) collect outstanding costs ordered in final decisions resulting from enforcement action.

**Mandatory Submission.** Submission of the requested information is mandatory. The Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

**Access to Personal Information.** You may review the records maintained by the Board that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**Address of Record.** Please be advised that your address of record is not considered personal information and may be disclosed to the public.

**Contact Information.** For questions about this notice or access to your records, you may contact the Respiratory Care Board at 444 North 3rd Street, Suite 270, Sacramento, CA 95814; Toll-free: (866) 375-0386, or e-mail: [rcbinfo@dca.ca.gov](mailto:rcbinfo@dca.ca.gov). For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834, (866) 785-9663 or e-mail [privacy@dca.ca.gov](mailto:privacy@dca.ca.gov).

## **MEDWATCH - The FDA Safety Information and Adverse Event Reporting Program**

The FDA's MedWatch "E-List" delivers clinically important medical product safety alerts and concise, timely information about drugs and devices. Subscription to this service is free and may provide life-saving information for you, your family, or your patients. The following are a few of FDA's recent alerts:

### **Hamilton Medical, Inc. RAPHAEL Ventilators, 6/12/06**

Hamilton Medical, Inc., and the FDA notified healthcare professionals of a recall of certain RAPHAEL model ventilators with older generation software, due to a software algorithm designed to suppress false positive alarms that may preclude any alarm (no visible or audible alarms are triggered). The following RAPHAEL ventilators are affected:

RAPHAEL (Software version 2.2x)

RAPHAEL Silver (Software version 2.2xS)

RAPHAEL Color (Software version 2.2xC, 2.2xCU)

### **Respironics PLV Continuum Ventilator (PLVC I), 5/5/06**

Respironics and FDA notified healthcare professionals about the Class 1 recall of this device, a mechanical ventilator used to control or assist breathing. The ventilator is intended for home, institutional, and portable settings and may be used for invasive as well as noninvasive ventilation. A design flaw can cause lead wires in the air flow valve to break during use. When this happens the ventilator stops providing mechanical ventilation. Customers should safely transition patients in their care from the PLV Continuum Ventilator onto other comparable patient support devices. If customers do not have a suitable ventilator to use for their patients, they should contact Respironics at 760-918-7328 to make suitable substitute arrangements.

If you would like more information on any of these product safety alerts, or to review all alerts, visit the FDA's MedWatch Web site at [fda.gov/medwatch/index.html](http://fda.gov/medwatch/index.html). To receive immediate updates, subscribe to the "E-List" at <http://www.fda.gov/medwatch/elist.htm>.

To order copies of legal pleadings, please send a written request, including the respondent's name and license number (if applicable), to the Board's Sacramento office or e-mail address.



## *Enforcement Actions* *January 1 - June 30, 2006*

### REVOKED OR SURRENDERED

Anderson, Darrell S., RCP 15691  
Benajan, Charles L., RCP 23106  
Brown, Eric C., RCP 9108  
Connel, Allan A., RCP 23512  
Glenn, Christopher D., RCP 22307  
Johnson, Vincent C., RCP 10527  
Johnston, James E., RCP 22601  
Karol, Steven D., RCP 9354  
Koen, Shaun E., RCP 22734  
Lituco, Cecilio G., RCP 21925  
Neely, April C., RCP 19331  
Perry, Frank J., RCP 22674  
Ratter, Tamara, RCP 12224

### PLACED ON PROBATION/ CONDITIONAL LICENSE

Cyriac, Jolly M., RCP 23089  
Deschene, Tami L., RCP 18837  
Deuel, Debbie J., RCP 6532  
Haasl, Shannon M., RCP 25071  
Holguin, Andrew A. Jr., RCP 15772  
Ivery, Lamont O., RCP 22791  
Leake, Eric D., RCP 21134  
Meyers, Sarah A., RCP 25152  
Nicolas II, Rafael R., RCP 20078  
Rowell, Scott, RCP 4692  
Sacca-Juul, April D., RCP 25215  
Syed, Ghassan I., RCP 24866  
Vinson-Upshur, Deidra D., RCP 4143

### PUBLIC REPRIMANDS

Connolly, Ardie R., RCP 18082  
Najera, Randall J., RCP 18352

### ACCUSATIONS FILED

Bodewig, Tamatha L., RCP 21197  
Bowles, Dominique J., RCP 17959  
Brown, Sean T., RCP 17320  
Burford, Rodney A., RCP 21293  
Campbell, David R., RCP 6915  
Chartier, Charlene A., RCP 9731  
Dye, Darren G., RCP 23663  
Ello, Ed W., RCP 1711  
Erhart, Joseph E., RCP 9120  
Eslinger, Andrew V., RCP 15883  
Gonzalez, Clodualdo H., RCP 12064  
Medeiros, Dawn D., RCP 7922  
Muilwijk, Peggy E., RCP 9901  
Pena, Steven F., RCP 11427  
Phipps, Robert L., RCP 1809  
Rohde, Michelle, RCP 1296  
Sanders, John P., RCP 21339  
Smith, Terrie L., RCP 18898  
Winekoff, Mark C., RCP 4041  
Zuniga, Luis A., RCP 14214

### STATEMENTS OF ISSUE

Atkinson, Thomas C., Applicant  
Deckon, Yemi A., Applicant  
Macaranas, Lorily, Applicant  
Masterson, Don H. Jr., Applicant  
Salvador, Erlyn O., Applicant  
Washington, Michelle T., Applicant  
Williams, Kenneth J., Applicant

### ACCUSATIONS AND/OR PETITIONS TO REVOKE PROBATION

Bob, Ioan Jr., RCP 19217  
Cudney, Cindy M., RCP 21840  
Gruzd, Lynda M., RCP 4790  
Kidanu, Teka T., RCP 15066  
Lagutaris, James R., RCP 16811  
Mena, Antonio, RCP 17277  
Sherman, Mika K., RCP 21980

### INTERIM SUSPENSION ORDERS

Bleyle, Wayne A., RCP 6855  
Pena, Steven F., RCP 15392  
Zuniga, Luis A., RCP 14214

### CRIMINAL ACTIONS RESTRICTING AND/OR SUSPENDING PRACTICE

Burford, Rodney A., RCP 21293  
Hester, Daniel L., RCP 18816

### CITATIONS AND FINES

Agins, Nicholas D., RCP 24151  
Ahmad, Qudeer, RCP 24364  
Allen, Melissa C., RCP 19685  
Brace, Stephanie L., RCP 21625  
Bueneman, Terry D., RCP 21952  
Cazares, Raul C., RCP 17097  
Coplan, Paul G., RCP 2223  
Dallas, Christina M., RCP 19069  
Efseaff, Tanya M., RCP 23962  
Gilbert-Lambert, Janet M., RCP 2234  
Gonzales, Randolph D., RCP 11003  
Goss, Kellie L., RCP 24421  
Herrera, Angela L., RCP 21012  
Hillman, Steven W., RCP 17867  
Jones, Margaret E., RCP 2386  
Kaltenbaugh, David L., RCP 2239  
Labrador, Philip M., RCP 20306  
Maher, Michael S., RCP 7917  
Maldonado, John L., RCP 21682  
McGallian, Kathi R., RCP 20565  
Meloy, Victoria J., RCP 18364  
Mescher, Madelyn J., RCP 9079  
Montano, Jesse Jr., RCP 21809  
Moore, Barbara J., RCP 10535  
Murphy, Keith N., RCP 22637  
Nielson, Jody M., RCP 23913  
Norfleet, Lance V., RCP 9170  
O'Connor, Michael J., RCP 13904  
O'Neill, Patric J., RCP 2294  
Payne, Glenn J., RCP 18987  
Pham, Mike, RCP 12890  
Rabahieh, Sam N., RCP 18031  
Romero, Renato P., RCP 3274  
Shofani, Airib B., RCP 23837  
Stabile, Valentino D., RCP 23418  
Trammel, Charles A., RCP 19146  
Warnick, Larry D., RCP 4339  
Williams, Steven T., RCP 6300  
Williams-Melvin, Wendy M., RCP 21614  
Zaragoza, Miguel E., RCP 23684

## *Enforcement Actions* *Definitions*

**Revoked or Surrendered** means that the license and all rights and privileges to practice have been rescinded.

**Placed on Probation/Conditional License** means the Board has approved a conditional or probationary license issued to an applicant or licensee with terms and conditions.

A **Public Reprimand** is a lesser form of discipline that can be negotiated for minor violations.

An **Accusation** is the legal document wherein the charge(s) and allegation(s) against a licensee are formally pled.

A **Statement of Issues** is the legal document wherein the charge(s) and allegation(s) against an applicant are formally pled.

An **Accusation and/or Petition to Revoke Probation** is filed when a licensee is charged with violating the terms or conditions of his or her probation and/or violations of the Respiratory Care Practice Act.

An **Interim Suspension Order** is an administrative order, issued in the interest of consumer protection, prohibiting the practice of respiratory care.

A **Citation and Fine** may be issued for violations of the Respiratory Care Practice Act. Payment of the fine is satisfactory resolution of the matter.



## *We Want Your Photos!*

What kind of photos are we looking for? Anything and everything related to the practice of respiratory care! Why do we want these photos? For use in future Board publications such as newsletters, reports and consumer brochures. So please send them in! All respiratory-related photos are acceptable and can be submitted in the traditional format taken with a standard film camera or on a CD if they are from a digital camera.

Any photograph you submit to the Board is considered personal information and cannot be released to the public without your written consent. Accordingly, please provide a signed release for every person in the photograph including any patient(s) or co-worker(s) pictured. The release should state:

I, \_\_\_\_\_, voluntarily consent to the Respiratory Care Board using my photograph(s), without compensation, in its newsletters, reports, brochures and other related news publications. I understand that my consent will remain in effect until such time that I inform the Board in writing that it has been revoked.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For information on submitting materials electronically, please contact Craig Martinez at (916) 323-9983 or via e-mail at [rcbinfo@dca.ca.gov](mailto:rcbinfo@dca.ca.gov).

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### **Address Change Notification**

You must notify the Board in writing within 14 days of an address change.

Failure to do so could result in fines ranging from \$25 - \$250, and delay your receipt of important materials.

Your written request must include your RCP number, your previous address, your new address, and your signature.

The Board office will accept requests received by U.S. mail, fax and changes made via the Board's Web site.